



# KLINIK KELUARGA

DR. SUHANA

No. G-02, Jalan Prima Sg 1, Taman Prima Sri Gombak 68100 Batu Caves, Selangor  
Tel / Fax : 03 - 6184 1622

No. 3337

## MEDICAL CERTIFICATE

This is to certify that I have examined

Mr / Mrs / Miss ..... ALMHA BIN AHMHA ..... I / C No. 8665172369IT

from DEPARTMENT ..... YANNG BERLEMAN on 19062019 and found

a) He/She is unfit for proper performance of his / her duties  
on/from 19062019 to ..... ( ..... days)

b) He/She should return for re-examination on .....

Klinik Keluarga

Dr Suhana

No. G-02, Jalan Prima SG 1,  
Taman Prima Sri Gombak,  
68100 Batu Caves, Selangor.  
Tel/Fax : 03-6184 1622

Klinik Keluarga

Dr Suhana (M.O)

MD (UKM) MMC 91670

Signature